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APPROPRIATE THERAPIES IN DEVICE RECIPIENTS WITH IMPROVED LEFT VENTRICULAR FUNCTION

Poster Contributions

Hall C

Sunday, March 30, 2014, 9:45 a.m.-10:30 a.m.

Session Title: Implantable Devices: Evolving Indications and Practice

Abstract Category: 8. Arrhythmias and Clinical EP: Devices

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Background: Implanted Cardiac Defibrillators(ICD'S)are the mainstay of management of sudden death risk in patients with Ischemic (ICMP) and Non-Ischemic Cardiomyopathies (NICMP).Fluctuations in left ventricular ejection fraction (LVEF) are common with optimal medical therapy,even after device implantation.

Methods: A multicenter,retrospective,data review was performed ,analyzing the incidence of device therapies in patients in whom LVEF had improved beyond 40% post device implantation,but initially had a LVEF <35% at device implantation. Mean post-implant LVEF was 47.31%.All patients with single,dual and CRT therapy for primary and secondary prophylaxis were included in the analysis.Patients were predominantly in NYHA II or III functional class.

Results: A pooled cohort of 396 patient charts were analyzed.There were 271 men(68%),125 women (32%),mean age 66 yrs.There were 218 patients (55%)with ICMP,178 patients (45%)with NICMP.Only therapies deemed appropriate for VT were included for analysis.There were a total of 152 therapies,89 (58%) anti tachycardia pacing therapies(ATP) and 63 high energy therapies(42%).All patients were treated with optimal medical therapy as appropriate.All therapies were reviewed by experienced clinicians.

Conclusion: A high incidence of appropriate device therapies for ventricular tachyarrhythmias were noted in this study group,despite improvement in LVEF,suggesting that ventricular tachyarrhythmias pose a signifiant risk for sudden death in patients with cardiomyopathies and CHF.AICDs offered significant protection from sudden death in this group despite improvement in LVEF.This data should be taken into consideration when counseling patients for device replacement with improved LVEF.